surgical SHO rota. Data collected included demographics, approach (open or laparoscopic), grade of the 1st operator & 1st assistant, and to ascertain if the procedure was complicated or not. All records were independently scrutinised by a second reviewer.
Results: An SHO was the 1st operator in 9.9%, and present in 78.8% of cases. The percentage of performed cases was highest in laparoscopic cases, in younger males (12.7%)
Conclusions: The proportion of 1st operator SHOs remained considerably lower than data from previous decades. Our data highlighted simple factors, such as gender and age, which favour SHOs as 1st operators. The emphasis should perhaps focus on identifying cases which, owing to several factors, are more suited for SHOs to perform, in order to improve experience.

http://dx.doi.org/10.1016/j.ijsu.2016.08.073

0430: ARE WE NOT DOING ENOUGH? RISE IN ACUTE TONSILLITIS AND DEEP NECK ABSCESSES IN WALES

D. Yap*, A. Harris, J. Clarke. *Royal Gwent Hospital, Newport, UK.*

Aim: Sore throat and tonsillitis represent a significant burden to the National Health Service (NHS). With the introduction of 'procedures of low clinical effectiveness'; we have seen a large reduction in number of tonsillectomies performed. We carried out a cross-sectional study of the correlation of complication secondary to the reduction of tonsillectomies.
Method: Data were extracted from the Patient Episode Database of Wales (PEDW). Microsoft Excel were used to analyse the results.
Results: Between 1999 to 2014, the amount of tonsillitis rose by almost 3 folds (Pearson's r=0.968). The rate of admission for peritonsillar abscess rose by 48% (r=0.857) and retro/parapharyngeal abscess admission have also been rising (r=0.709). The amount of tonsillectomy performed per 100,000 population remained almost the same (r=-0.16).
There is a positive correlation between amount of tonsillectomy performed and number of peritonsillar abscess admission (R2= 0.016, p=0.07) as well as retropharyngeal abscess(R2 = 0.007, p = 0.00016). Whereas there is no correlation between the amount of tonsillitis to the amount of tonsillectomy performed. (R2 = 0.017, p = 0.07)
Conclusion: The rise in the retro and parapharyngeal abscess rate is alarming as these conditions are associated with high mortality. The reduction in tonsillectomy rate correlates with significant raise in emergency admissions

http://dx.doi.org/10.1016/j.ijsu.2016.08.074

0388: RISK FACTORS FOR LIFE THREATENING MESENTERIC ISCHAEMIA AFTER CARDIAC SURGERY: DEVELOPMENT OF AN EARLY DIAGNOSTIC SCORING SYSTEM

A. Behbahani[1,*], S. Datta[2]. [1] *Wrightington, Wigan and Leigh NHS Foundation Trust, Wigan, UK;* [2] *Central Manchester University Hospitals NHS Foundation Trust, Manchester, UK.*

Aim: Mesenteric ischaemia (M.Isch.) after cardiac surgery carries a high mortality rate. Identification of preoperative, perioperative and postoperative risk factors and early diagnostic blood markers potentiates early diagnosis.
Methods: Patients with post cardiac surgery M.Isch. between the years 2000 - 2011 were selected. Over 150 variables were assessed. Data was collected from patient notes and the departmental database and was analysed using the SPSS software.
Results: 86 patients were identified; a full dataset was obtained for 36. Overall incidence was 0.8% with a mortality of 73.26%. Risk factors included pre-operative hypertension, smoking, dyspnoea, haemodialysis, atrial fibrillation, angina and peri-operative use of intra-aortic balloon pumps especially in emergency coronary artery bypass graft and valve surgeries. Average BMI was 28.00 and post-operatively 66.7% had diarrhoea prior to M.Isch. Biochemical indicators included: abnormal blood lactate, pH and c-reactive protein (CRP) levels.
26 patients underwent a diagnostic laparotomy; negative and positive outcomes were compared using a t-test with significant ($p<0.05$) differences noted in post-diagnosis glucose and pre-diagnosis CRP, base excess, lactate and bicarbonate levels.
Conclusion: This study provides sufficient data to perform a propensity score matched analysis to establish a scoring system for the early diagnosis and treatment of M.Isch. to reduce mortality rates.

http://dx.doi.org/10.1016/j.ijsu.2016.08.075

Posters of distinction prize session 2

1018: REDUCING THE INTRAOCULAR PRESSURE RISE THAT OCCURS DURING LAPAROSCOPIC SURGERY: IS ACETAZOLAMIDE THE ANSWER?

P. Vitish-Sharma*, A. Abbas, C. Maxwell-Armstrong, A. King, A.G. Acheson. *Nottingham University NSH Trust, Nottingham, UK.*

Background: Perioperative vision loss following laparoscopic colorectal surgery has been reported. Studies show Trendelenburg positioning during surgery can produce a significant rise in the IOP, and this rise is thought to be a possible factor. Acetazolamide decreases IOP by reducing the formation of aqueous humour.
Aims: Investigate if acetazolamide reduces the IOP rise resulting from Trendelenburg positioning.
Methods: A randomised cross-over blinded pilot study. Nine healthy volunteers were randomised to start with the placebo or Acetazolamide with a 5 days' washout period. Baseline IOP was measured on both days. After 1.5 hours of taking the medication, volunteers lay head-down at 17 degrees' for 4 hours and IOP measurements repeated. This reading was subtracted from the baseline to give a 'change in IOP'.
Results: Of the 9 volunteers, 2 were male and 7 female with an average age of 54 years (range: 21-76). The mean change in IOP after the placebo was -2.15mmHg (SD 3.34), after Acetazolamide was 0.17mmHg (SD 3.55). A student T-test was used to compare the change in IOP on both days and was statistically significant with a T-value of -2.25 and P=0.038.
Conclusion: Acetazolamide can reduce the rise that occurs in IOP whilst in the Trendelenburg position.

http://dx.doi.org/10.1016/j.ijsu.2016.08.077

0796: HOW TO SET UP AND RUN A CADAVERIC SURGICAL SIMULATION PROGRAMME: EXPERIENCE FROM A UK HAND SURGERY UNIT

A. Duguid*, L. Bainbridge, M. Arundell. *Pulvertaft Hand Centre, Derby, UK.*

Aim: Cadaveric surgical simulation (CSS) is useful in surgical education. We describe the development of our fresh frozen CSS programme.
Method: We performed a systematic evaluation of our CSS programme since 2012, including legal issues, protocols, materials, costs and trainee feedback.
Results: 10 CSS courses have been provided free of charge to our fellows. We explain the legality of importing fresh frozen cadaveric specimens, and describe our protocol, developed with the Human Tissue Authority, for storing, using and disposing of cadavers.
We describe the source of our specimens with costing and transport details.
Our course programme utilises each specimen fully, simulating arthroscopic, soft tissue, bone and joint techniques. We present a description of our cadaveric preparation technique, appropriate instruments and simulation suite.
Our CSS protocol is now mandatory in our Trust, and used by multiple specialties including orthopaedics (upper and lower limb surgery), maxillofacial surgery (flap techniques) and anaesthetics (peripheral block techniques).
37 trainees provided feedback. The mean Likert score was 4.7/5 for educational relevance and impact on future practice.